

# Arizona Health Improvement Plan

## Health Equity

2021-2025





# Acknowledgements

The Arizona Health Improvement Plan (AzHIP) was developed collaboratively with input from partners and stakeholders across the state.

## The plan received input from:

- The AzHIP Steering Committee, comprised of multi-sector leaders engaged in the public health system;
- [Core and Work Team members](#);
- Community partner and stakeholder forum participants;
- Attendees of the annual AzHIP summits; and
- On-line survey responses from subject matter experts.

The Arizona Department of Health Services (ADHS) thanks everyone who contributed their time, ideas, and expertise to building the AzHIP and the vision of Healthy People, Healthy Communities.

# AzHIP Steering Committee Members

**Dr. Cara Christ - Co-Chair**

Arizona Department of Health Services

**Suzanne Pfister - Co-Chair**

Vitalyst Health Foundation

**David Adame**

Chicanos Por La Causa

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# Letter from the Director

Dear Arizonans,

I am honored to share the 2021-2025 Arizona Health Improvement Plan (AzHIP) with you. The AzHIP is a plan for the entire state, which was developed by, and reflects the commitment of, public health, community partners, and dedicated stakeholders at the state and local levels to improving health in our communities.

In 2016, we shared the first AzHIP providing a five-year roadmap with 13 health priorities and four cross-cutting issues, including Access to Care, Built Environment, School Health, and Worksite Wellness. Over 350 unique action items were completed as a part of these priority areas to address key public health issues in Arizona. This work would not have been possible without the numerous partners who contributed to the development of the plan and especially those who took action across the state to support the various strategies.

The 2021-2025 AzHIP continues our dedication to improving the health and wellness of all Arizonans. The plan was developed using a process to bring together a network of partners to align resources and efforts. As progress of the first plan continues, this iteration focuses on a smaller number of priorities which underlie multiple health issues and disparities. The vision of each of the priorities reflect collective action taken by multiple partner organizations to achieve the goals and actions set forth.

Thank you to everyone who helped develop this plan and to all who will contribute to its implementation.

A handwritten signature in black ink, reading "Cara M. Christ MD". The signature is fluid and cursive, with the letters "C", "M", and "C" being particularly prominent.

Cara M. Christ, M.D.  
Director  
Arizona Department of Health Services

# Summary & Background

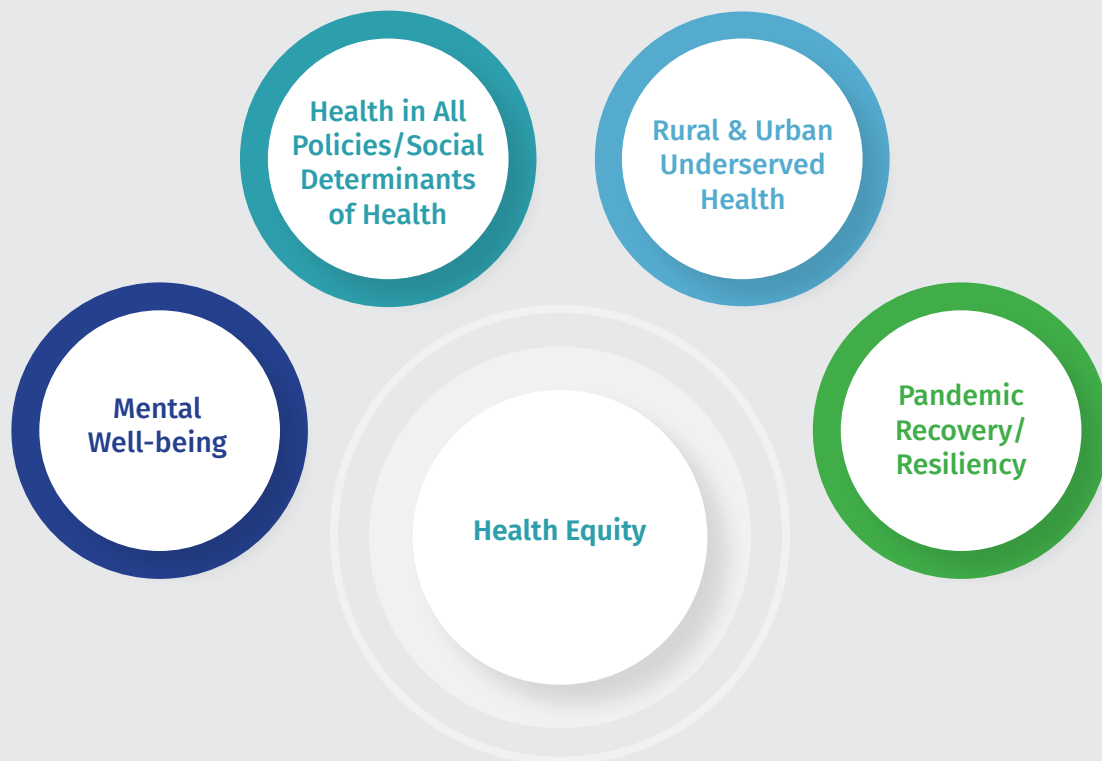
The AzHIP provides a structure and a venue bringing together a networked system of partners to improve the health of communities and individuals across Arizona. Driven by data and community participation, the AzHIP includes input from individuals and organizations who comprise the public health system. The plan aligns the state on common goals by enhancing non-traditional partnerships, focusing work on priority areas, breaking silos, and leveraging [community health improvement plans](#) (CHIPs) statewide. By identifying priorities specific to Arizona's needs, the plan can make the greatest impact on health promotion and disease prevention.

The first plan spanned 2016-2020 and described how ADHS and community partners and stakeholders worked together to address four cross-cutting issues and 13 health priority issues to significantly impact large numbers of Arizonans.

The 2021-2025 AzHIP builds on the progress of the 2016-2020 AzHIP and consists of five strategic priorities which focus on underlying health issues and significant overarching health disparities faced by Arizonans, including impacts of the COVID-19 pandemic.

The process to set the new priorities for 2021-2025 included a collaborative approach informed by the [State Health Assessment](#), which provides a snapshot of health and wellbeing in Arizona, presentations to stakeholders, a partner survey, and Summit participation. Centered on Health Equity, the AzHIP provides a unique opportunity to transform the health of our communities through strong, innovative partnerships.

## AzHIP 2021 - 2025 Priorities



With the guidance of the AZHIP Steering Committee, a [Core Team of subject matter experts](#) and community leaders for each priority team drafted the vision, goals, and overarching strategies of this plan.

To ensure the **5-year plan** is flexible and can account for emerging health issues, the initial action plans focus on **18-24 months** of work. Work on the Pandemic Recovery & Resiliency priority is in progress and will be an update to the plan when complete.

The teams referenced relevant literature, evidence based and promising practices, and the [10 Essential Public Health Services](#) and [Healthy People 2030](#) frameworks as guides in their approach to, and development of, tactics and actions.

Where appropriate, the priority teams leveraged additional subject matter experts as subgroups to bring a detailed focus to proposed actions. Key in the development of each priority were statewide forums to capture and incorporate community input. **Over 380 attendees** participated in the four Forums [providing valuable feedback](#), including suggestions of tactics, incorporating existing efforts, and volunteering to lead actions.

**Additionally, priority teams considered the following:**



As part of the integration of health equity, attention to cultural humility is embedded in all of the 2021-2025 priorities. Cultural humility acknowledges that someone's culture can only be appreciated by learning from that person. Attributing traits or attitudes to members of a certain group may not be accurate or helpful in understanding them<sup>1</sup>.

**The AzHIP will be implemented by a wide range of public and private partners, including:**

**State agencies**

**Local health departments**

**Community-based organizations**

**Employers and private organizations**

**Universities**

**Local non-profits**

**Other local agencies and organizations**

<sup>1</sup>National Association of Chronic Disease Directors, <https://chronicdisease.org/state-health-department-organizational-self-assessment-for-achieving-health/>



# Priorities

Numerous community and stakeholder forums were held during the planning of the 2021-2025 Arizona Health Improvement Plan (AzHIP). In total, over 500 individuals participated from both private and public organizations across the state. These forums were designed to ensure the AzHIP priorities were meaningful and addressed the most important issues to Arizonans.

Attendee feedback was captured and reviewed by each AzHIP priority team with the intent of including as much as possible for the first 18-24 months of the plan. Additional ideas can be found on the [Forum Suggestions](#) page as they will be reviewed periodically throughout the life of this 2021-2025 AzHIP and incorporated into the action plans whenever possible.

**Note:** Leading organizations of tactics and/or action steps have been noted in parentheses.

# Health Equity

Arizona has a rich and diverse culture with unique communities, populations, and geography. From urban Phoenix to the bottom of the Grand Canyon, from the United States/Mexico Border Region to tribal lands, the health of Arizona's residents is a priority, not only for the Arizona Department of Health Services, but for our entire community (ADHS SHA, 2019). The development of the AzHIP Health Equity Action Plan strategies and action steps was guided by the 2019 ADHS State Health Assessment, which highlighted many high-priority issues and inequities.

Addressing health equity is more than just a written commitment, it is a commitment to action. Within the Health Equity Action Plan, the action steps identified are focused on how health equity can become operationalized within communities, organizations/agencies, and systems with a focus on data infrastructure, capacity, and sharing; enhanced community partnership and engagement; and moving further upstream to address policy, system, and environmental change. The Health Equity Action Plan is meant to be a plan that is foundational to all AzHIP Health Priority Areas and is co-created and embraced by all statewide partners and the entire public health system, to support the vision of Healthy People, Healthy Communities for all Arizonans.



*Robert Wood Johnson Foundation, Visualizing Health Equity: One Size Does Not Fit All*



## VISION

**Health equity** is defined as every person having the opportunity to “attain their full health potential,” and is improved when individuals who are impacted by inequities and injustices are co-creating solutions and policies; and when systems are responsive to communities.

**Health inequities and injustices** include differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment, disadvantages due to race or other socially and economically determined circumstances.

-Adapted from the Centers for Disease Control and Prevention (CDC) (3.9.2021)



## Strengthening Data Infrastructure: Informing, Integrating, and Sharing

### Tactic A

Develop a statewide Data & Usability Advisory/Committee

### Tactic B

Co-create a Health Equity data framework for the state of Arizona

### Tactic C

Coordinate data governance with statewide partners

## Community Partnership and Engagement

### Tactic A

Strategically engage stakeholders, including diverse and non-traditional stakeholders, in meaningful ways which build trust in relationships and engagement

## Policy, Systems, and Environmental Change

### Tactic A

**Policy Change:** Empower communities to drive policy change

### Tactic B

**Systems Change:** Remove barriers to assist individuals/communities in navigating systems

### Tactic C

**Environmental Change:** Promote Smart Growth development and foster engagement of non-traditional stakeholders



# Detailed Action Plan





## Strengthening Data Infrastructure: Informing, Integrating, and Sharing

### Tactic A

#### **Develop a statewide Data & Usability Advisory/Committee**

- Create a Data & Usability Advisory/Committee that will develop and define the scope and purpose of strengthening data structures. The AzHIP Steering Committee, AzHIP Co-Chairs, and AzHIP Health Equity CORE Team will recommend partners to the ADHS AzHIP Leadership to participate in the Data & Usability Advisory/Committee. (ADHS, all AzHIP Co-Chairs, Health Information Exchange (HIE)-Health Current, Vitalyst Health Foundation)
- The Data & Usability Advisory/Committee will assess data needs and identify ways statewide communities and stakeholders are included to inform data and usability efforts. (ADHS, Data & Usability Advisory/ Committee, HIE-Health Current, Vitalyst Health Foundation)
- The Data & Usability Advisory/Committee will identify additional community stakeholders and partner organizations who should participate in the Data & Usability Advisory/Committee. (Data & Usability Advisory/Committee)
- The Data & Usability Advisory/ Committee will advise ADHS in aligning the five (5) AzHIP health priorities data/performance/ outcome measures with Healthy People 2030 measures. (ADHS, Data & Usability Advisory/Committee)

### Tactic B

#### **Co-create a Health Equity data framework for the state of Arizona**

- Complete an assessment or gap analysis that identifies critical data elements. (ADHS, HIE-Health Current, Data & Usability Advisory/ Committee)
- Identify standardized health equity data indicators and definitions; and create a platform (opportunity to inform HIE platform, and/or also identify other initiatives) that will integrate basic community bi-directional data sets and indicators (e.g., Healthcare, economic, and social determinants of health (SDOH)). (ADHS, HIE-Health Current, Data & Usability Advisory/Committee)
- Encourage researchers and statewide partners to collect and report out on recommendations and findings utilizing both qualitative & quantitative data, and mixed methods approaches. (TBD)

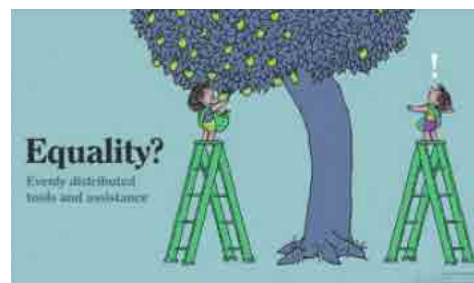
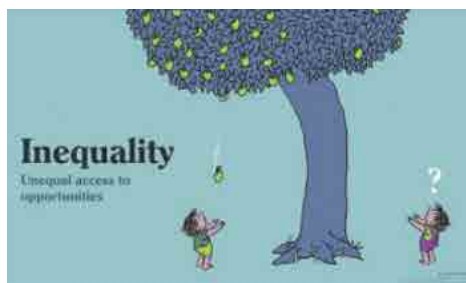


# Strengthening Data Infrastructure: Informing, Integrating, and Sharing

## Tactic C

### Coordinate data governance with statewide partners

- Identify national, state, local, and tribal best practices/promising practices for data collection and infrastructure. (ADHS, Data & Usability Advisory/Committee)
- Encourage the usage of Community Based Participatory Research (CBPR), which ensures agencies and organizations that collect data from communities communicate data findings and recommendations as part of the data/research feedback loop. (ADHS, Data & Usability Advisory/Committee)
- Statewide partners will collect disaggregated data by subgroups. (e.g., age, racial, language spoken, ability). (ADHS, Statewide Partners)
- Set up data governance agreements, such as Memorandum of Understandings (MOUs) or formal agreements, with national, state, local, and tribal partners. (TBD)
- Link economic data to health data to ensure data systems collection and report equivalent data indicators to make program planning decisions. (TBD)



Tony Ruth's Equity Series <https://cx.report/2020/06/02/equity/>



## Community Partnership and Engagement

### Tactic A

#### **Strategically engage stakeholders, including diverse and non-traditional stakeholders, in meaningful ways which build trust in relationships and engagement**

- Develop and share a comprehensive inventory of groups/organizations, which should be involved/engaged across all AzHIP priorities. (AzHIP Health Priority Areas, ADHS)
- Develop and implement a Communications Plan, which allows for 2-way communications, removes barriers to participation (e.g., offering stipends), and provides transparency on how feedback and comments will be incorporated, throughout the AzHIP. The Communications Plan should:
  - Ensure collaboration with Coalitions/Advocacy Groups. (ADHS, Statewide Partners)
  - Identify leaders who can make decisions and move actions forward toward outcomes. (ADHS and Statewide Partners)
  - Establish roles & responsibilities, and leverage MOUs or agreements, as needed. (AzHIP Health Priority Areas, ADHS)
  - Include strategies or tactics on how to engage communities at the lived experience level
  - Use common language that everyone understands - lay terms, easy-to-understand explanations, etc.
- Develop and implement a plan on how ADHS AzHIP Health Priority Areas will engage Tribal Nations & entities, Community Based Organizations (CBO), Non-profits (NP), Universities/Colleges, Hospital Systems, and non-traditional, inter-disciplinary partners specializing in population health & SDOH in their work. (AzHIP Health Priority Areas, ADHS)
- Conduct training on best & promising practices, including topics such as non-traditional community engagement, models/frameworks of innovative Community Engagement, common language, tele-community engagement, and offering a variety of practices that are culturally competent in approach. (TBD)
- Communicate (e.g., through webinars, data sharing) data collection findings with statewide partners and communities, which closes the loop on identifying, sharing, and communicating data. (NOTE: This action step aligns with the Data Collection Strategy.) (AzHIP Health Priority Areas, ADHS)
- Develop channels (e.g. language interpretation, variety of written and modes of languages, social media, media in general, community based media) that include and provide a variety of organizations, communities, and perspectives or ideas to participate and be included at the “table.” (AzHIP Health Priority Areas, ADHS)
- Develop evaluation metrics/tools which assess the impact of partnerships. (TBD)



## Policy, Systems, and Environmental Change

### Tactic A

#### **Policy Change: Empower communities to drive policy change**

- Identify administrative changes (e.g., organizational policy, procedures, processes, and/or resolutions) that can be implemented to advance health equity at the organizational level, including: (Arizona Public Health Association)
  - Collaborative efforts that ensure all AzHIP Priorities infuse health equity into their recommended policy changes.
  - Engage in proposed rulemaking processes at tribal, local, state, or federal levels to address health disparities identified in the State Health Assessment (SHA). (TBD-All Statewide Partners)
- Develop educational opportunities for community stakeholders so that they may engage in policy change efforts. Centering the importance of lobbying vs. advocacy vs. education. Ensuring that all levels of government - tribal, federal, state, local - are highlighted in the training. (TBD)
- Reassess previous policy, systems, and environmental (PSE) initiatives/efforts to reinvigorate opportunities for health in all policies (HiAP) implementation, (e.g., complete streets, shared use, urban shade plans, multimodal transportation, affordable housing, and local school wellness policies). (TBD)

### Tactic B

#### **Systems Change: Remove barriers to assist individuals/communities in navigating systems**

- Adopt an inclusive practice that ensures community members, including under-represented and resourced, are represented in all planning stages of initiatives and programs designed to advance health equity. (TBD-All Statewide Partners)
- Ensure the Health Equity Action Plan includes tribal feedback through the Arizona Tribal Consultation Process and ensure all ADHS initiatives and programs follow Arizona's Tribal Consultation Policy to drive a more thoughtful planning process that addresses the health disparities of Arizona's 22 Tribal sovereign nations. (See A.R.S. § 41-2051) (ADHS)
- Work with community stakeholders to holistically support individuals through the Continuum of Care framework/ model. (TBD-Direct Service Providers, Arizona Alliance for Community Health Centers (AACHC), Arizona Health Care Cost Containment System (AHCCCS), DES)



## Policy, Systems, and Environmental Change

### Tactic C

#### **Environmental Change: Promote Smart Growth development and foster engagement of non-traditional stakeholders**

- Support efforts of the AzHIP Rural & Urban Underserved Health Priority to bolster rural resources addressing access to healthcare services. (AzHIP Health Equity Work Group)
- Strengthen health and digital literacy efforts by providing communication in multiple languages & modes, and offering professional interpretation and translation services, in coordination with the Health Equity Community Partnership & Engagement strategies. (TBD-All Statewide Partners)
- Promote Smart Growth development and foster engagement of non-traditional stakeholders in tribal, rural, and urban communities to ensure the benefit of local economies, the environment, public health, and the community as a whole. “Smart Grown” includes things such as Open Spaces, Air Quality, Parks and Recreation, Planning & Building, Food Deserts. Also includes the social environment ensuring a positive change in attitudes or behaviors that promote health. (TBD)



# Plan Implementation

The AzHIP is an important resource for all Arizona public health system partners. Organizations can align their work with the overarching statewide goals and objectives for health improvement in these priority areas or identify strategies for their own health improvement efforts.

This is a living document intended to be monitored and evolve during its duration. These strategies and tactics are an important starting point in addressing the priorities, but it is expected they will continue to develop as teams begin working to implement them. Progress to this plan will be communicated via periodic newsletters, annual reporting, and the annual AzHIP Summit. Updates will also be posted to the ADHS website.

Numerous forums were held during the development of this plan. While valuable suggestions were incorporated, additional ideas captured were not included in the first version of the plan. A complete list of these suggestions can be found [here](#) to reference and incorporate into future planning.

A sincere thank you to the dedication of those who developed this plan.

# Appendix

## Priority Core Team Members

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